

**Minutes of
DoD Sexually Transmitted Diseases Prevention Committee (STDPC)
Meeting of 9 September 99**

Attending

LCDR Josephine Brumit, BUMED
Bill Calvert, NEHC, Co-Chairman
Bob MacDonald, NEHC
Capt Mark Gilday, USMC
Donna Ruscavage, Henry M. Jackson Foundation
Phil Renzullo, Henry M. Jackson Foundation
CDR Richard Shaffer, Naval Health Research Center (NHRC)
Terry Trobaugh, Navy HIV Program

1. Bill Calvert convened the meeting at 0945 at the Navy Bureau of Medicine and Surgery (BUMED). CDR Shaffer joined via phone.
2. The minutes of the 10 August 99 meeting were reviewed and approved.
3. Bill Calvert welcomed Capt Gilday, who will represent Health Promotion at HQ Marine Corps (Manpower and Reserve Affairs).
4. Bill Calvert updated the STDPC regarding the status of the second draft of the Action Plan. The STDPC was advised to begin working on a goal and/or task from the Action Plan while final membership is pending.
5. The STDPC committee began work on goal A.1, Action Plan, which is "Identify and evaluate existing surveillance tools". The objective is to complete a review of existing tools.

The Army Medical Surveillance Activity (AMSA) and Walter Reed Army Institute for Retrovirology (WRAIR), like the Navy and Marine Corps, use ViroMed in Minneapolis, MN, as their HIV testing contractor. The Air Force has its own system. Roger Gibson, Force Health Protection [Unit] at Brooks Air Force Base in San Antonio, TX, is the repository for HIV testing and epidemiological information. They receive and compile STD Data (not HIV) collected and electronically forward by fixed USAF MTFs using the access based Air Force Reportable Event Surveillance System (AFRESS).

The Navy/Marine Corps HIV data collection system is in transition at the moment. The [old] NHRC data collection contract ends on 1 October 1999 and the new system is not yet completely up and running. Terry Trobaugh will check on the status of the new system and report at the next meeting.

Army HIV testing data collection information was not available at this time. The Army representative should be able to give us that information at the next meeting.

The Army reports STDs via AMSA, which publishes statistical reports bi-annually in their version of the “MMWR.”

The Navy, which only reports specifically designated STDs, sends the information to NEHC, which publishes the data. The reportable STDs are listed in BUMEDINST 6220.12. A list of the reportable STDs follows these minutes.

The Air Force reports STDs via AFRESS. The reports are not published, but are available for use in epidemiological studies.

6. The STDPC committee discussed ways of obtaining more definitive and accurate information about STD rates in each service. Ambulatory data system “Bubble sheets,” used to document all clinical visits may have incorrect ICD – 9 codes when multiple conditions are diagnosed and there is not yet a central mechanism for retrieving services wide data from ADS. Laboratory results through TRICARE and ADS/CHCS, if sanitized for identifying information, would provide more accurate information but may not include all STD cases in the military. Many military members, for a variety of reasons, may go off-post/base to be tested and treated for STDs, and the incidence rate is not available to us. The Population Health Office, per General Roadman, is pushing centralized data collection.

Two recommendations came from the discussion:

- A. Use ADS/CHCS laboratory data collection reports DoD-wide in future.
- B. Run a serum study of blood samples stored from HIV testing military wide. At this time, [nearly] all active duty military members have been tested at least once in all services and the blood samples are stored permanently. These samples could be tested for STDs to provide a baseline from approximately 1990 to present on STD incidence rates among active duty military. This baseline would be more comprehensive than laboratory data.

Action item: Terry Trobaugh will provide a written recommendation for serum testing with strengths, weaknesses, and space provided for comments. The recommendation will be passed around for comment and addressed at either the October or November STDPC meeting.

7. Other new action items were covered. Bill Calvert will invite speakers from local committees to address the STDPC when it meets in Washington, DC. The suggestions were Col Teresa Baker, Chair, Self-Reporting Tools Committee; Col Cathy Bonifelt, Chair, Put Prevention into Practice Committee; and LtCol Wayne Talcott, Chair, Alcohol Abuse Prevention Committee.

8. Bill Calvert, Co-Chair, discussed appointment of Terry Trobaugh to serve as Secretary of the STDPC. Ms. Trobaugh has accepted the position and will record the minutes and assist with meeting arrangements.

9. The STDPC members present have set the next 2 dates to meet:

- Thursday, October 7th, at 0930 EDT, at BUMED, Washington, DC
- Thursday, November 18, time and location to be announced. Bill Calvert will be asking for volunteers to host the next meeting.

The purpose of setting 2 dates in advanced was to encourage attendance by booking meeting well in advance. The STDPC is hopeful that maintaining dates 2 months in advance will facilitate attendance. The STDPC is willing to travel to sites such as San Antonio, Baltimore or San Diego to support our members in those locations. Our goal is to encourage and support as much participation as possible!

10. The meeting adjourned at 1300.

Minutes taken by:
Terry Trobaugh
Secretary, STDPC

List of STDs reported by Navy per BUMEDINST 6220.12 of 19 April 1996:

Hepatitis A ¹	ICD-9-070.1
Chancroid ²	ICD-9-099
Granuloma Inguinale ²	ICD-9-099.2
Hepatitis B ^{1,2}	ICD-9-070.3
Hepatitis C ^{1,2}	ICD-9-070.5
Hepatitis, viral unspecified	ICD-9-070
Lymphogranuloma venereum (LGV) ²	ICD-9-099.1
Shigellosis	ICD-9-004
Syphilis ²	ICD-9-091.0 to 097

¹ Report acute, symptomatic cases only

² Omit patient name and names of sexual contacts from sexually-transmitted disease reports.